

INSTRUCTIONS – FUNDRAISING SERVICE CONTRACT REGISTRATION

General Instructions: Complete the entire form or type “N/A” if not applicable and check boxes where indicated. Incomplete forms will not be accepted. Do not staple or bind form or its attachments. **Please clearly label all attachments with the Section number to which they correspond.** Unless otherwise specified, all questions should be answered in the present tense, with current information.

Page 1: Check the Expedited Service box to request priority processing within two working days of receipt (or as soon thereafter as possible); an additional \$50 fee applies.

Section 1: Enter the full name of the charitable organization on the line provided. Enter the charitable organization’s registration number on the line provided in Section 1 and the line located in the upper left corner of page 2. The registration number can be obtained by conducting an online search at <http://www.sos.wa.gov/charities/search.aspx> Enter the charitable organization’s telephone number and mailing address on the lines provided. If the organization has an email address, please enter it on the line provided. Provide the charitable organization’s Federal EIN for identification purposes.

Section 2: Provide the name of the individual representative of the commercial fundraiser who is responsible for its fundraising activities in Washington State. The individual does not need to be physically located in WA, but should be an owner, officer or employee of the commercial fundraiser; do not list a subcontractor as the individual responsible.

Section 3: Check the types of services the commercial fundraiser will provide to the charitable organization. If a solicitation type is not listed, please describe it on the “Other” line provided.

Section 4: Enter the full name of the commercial fundraiser on the line provided. Enter the commercial fundraiser’s registration number on the line provided in Section 4. The registration number can be obtained by conducting an online search at <http://www.sos.wa.gov/charities/search.aspx> Enter the commercial fundraiser’s telephone number and mailing address on the lines provided. If the organization has an email address, please enter it on the line indicated.

Section 5: Provide the full term begin and end dates of the written contract on the lines provided. Partial dates will not be accepted. Indicate if the contract is perpetual (no term end date) by checking the appropriate box. Enter the dates services will begin and end under the written contract on the lines provided.

Automatic Renewal Provisions: If the contract has a renewal provision that is in effect until the contract is cancelled, check the box indicating term end date is perpetual. If the contract has a renewal provision that 1) only goes into effect if the parties enter into a written agreement; or 2) only extends the term end date for a specific length of time, enter the latest extended term end date in the “Contract Term End Date” field instead of selecting the perpetual checkbox.

Section 6: Enter the full business name of each subcontracting commercial fundraiser used. Provide the company’s registration number, address and telephone number. If the subcontractor has an email address, enter it on the line provided. Attach an additional sheet if needed; be sure to label attachment “Section 6”.

Section 7/Required Attachment: Enclose a copy of the signed, written contract agreement between the charitable organization and the commercial fundraiser for the term dates reported in Section 5.

Section 8/Signature: This form must be signed by representatives of the charitable organization and the commercial fundraiser. This charitable organization’s President, Treasurer, Trustee or comparable officer and the commercial fundraiser’s owner or a principal officer may sign.

Submissions Subject to Public Review: Do not include social security numbers or other personal identifiers, bank account information or statements with this form or its attachments.

FEES: The filing fee is \$20. Make checks or money orders payable to “*Secretary of State*.” All fees are non-refundable. If **Expedited Service** is requested, include a \$50.00 fee and write the word “**EXPEDITE**” in large, bold letters on the outside of the envelope.

Mail completed forms and payment to: Secretary of State, Charities Program PO Box 40234 Olympia, WA 98504-0234
For overnight/express mail carriers use: Secretary of State, Charities Program 801 Capitol Way S Olympia, WA 98501

Please contact the Charities Program at commercialfund@sos.wa.gov or 360-725-0378 if you have any questions or need assistance.